



Incident Report

Print Date/Time: 07/20/2016 08:24
Login ID: ss0143

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00012755

Incident Date/Time: 7/2/2016 1:35:59 PM
Location: SR 92 / 121ST DR NE
LAKE STEVENS WA 98258
Phone Number: (360) 982-9343
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19R1	SS0131-Wells

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	DOORN, JOHN M					09/30/1947
2	Reporting Party	LAURA					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						ARZ1199	
Involved Vehicle						SH15748	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

07/02/2016 : 14:25:41 ss0131 Narrative: no damage to guard rail...paint transfer only

07/02/2016 : 14:16:41 ss0131 Narrative: vehicle safely off roadway...doorn arranging to have vehicle removed

07/02/2016 : 13:42:40 sp0287 Narrative: 1 GRN PT

07/02/2016 : 13:42:15 sp0287 Narrative: 2 VHES OFF SIDE INV INJ

07/02/2016 : 13:38:02 sp0251 Narrative: LR251

07/02/2016 : 13:37:38 sp0251 Narrative: TRUCK HIT GUARDRAIL , NON BLKING ,UNK INJ

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E559769**CASE # **16-00012755**LOCAL AGENCY CODING **0664**TOTAL # OF UNITS **01** OBJECT STRUCK **GUARDRAIL**

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input checked="" type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>

TRIBAL RESERVATION

DATE OF COLLISION	07	-	02	-	2016	TIME (2400)	1337	COUNTY #	31	MILES		N	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	OF	<input type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

SR 92 BLOCK NO. ☒ 12100

MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)

121TH DR NE

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONELAST NAME **DOORN** FIRST NAME **JOHN** MIDDLE INITIAL **M**STREET NEW ADDRESS **4300 88TH ST NE APT 118**CITY **MARYSVILLE** ST **WA** ZIP

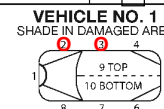
CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **DOORNJM5320T** STATE **WA** SEX **M** D.O.B. **09** - **30** - **1947**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **SH15748** STATE **WA** VIN# **1GNDT13W212169349**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2001** MAKE **CHEV** MODEL **BLAZR** STYLE **UT** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **JOHN DOORN 24401 S SKAGIT HWY SEDRO WOOLLEY WA 98284**

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX D.O.B. - -

ON DUTY ☐ STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

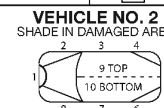
LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) **C. WELLS** BADGE OR ID # **0131** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E559769**CASE # **16-00012755**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit #1 DOORN was traveling eastbound on SR 92. He claimed his vehicle was almost out of fuel so he was driving on the shoulder to allow other traffic to safely pass him. He stated he accidentally clipped the guardrail.

There was no damage to the guardrail. There was slight paint transfer and paint chips on the ground from Unit #1 DOORN. DOORN's vehicle had the outer skin of the passenger door peeled back and mangled.

No injury reported by DOORN.

The only damage was to DOORN's vehicle.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

07-02-16 04:55 PM

DATED

PLACE SIGNED

APPROVED BY

W. AUKERMAN 0072

DATE

7/3/2016 6:40:31 AM

BADGE OR ID #	0131	ORI #	WA0311900	TIME POLICE DISPATCHED	1:38 PM	TIME POLICE ARRIVED	1:40 PM
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REPORT NO. E559769

CASE # 16-00012755

DATE AND TIME
OF COLLISION 07/02/16 13:37

not to scale

Approx 121st DR NE

